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STATE OF DELAWARE
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

BOARD OF EXAMINERS OF SPEECH/LANGUAGE PATHOLOGISTS, AUDIOLOGISTS & HEARING AID DISPENSERS

HEARING AID DISPENSER TRAINING

Training Plan

The Board's Hearing Aid Dispenser training content requirements are listed on the following pages. The required subject areas are not all-inclusive but meant to ensure the trainee's exposure to certain critical subjects and ensure that the trainee has a basic knowledge of practicing as a Hearing Aid Dispenser. The training is also intended to help prepare trainees for the national exam.

Training must be completed before an applicant will be permitted to take the exam and must be completed in six consecutive months. If an unforeseen hardship interrupts the training period, the trainee must notify the Board immediately with a written, detailed explanation of the situation and a request for a hardship extension. Section 3.0 of the Board's regulations contains all training requirements.

Hearing Aid Dispenser trainees and their supervisors must sign and return this plan along with their application for temporary licensure. Trainees must have been granted a temporary license before they begin training. Any training conducted prior to temporary licensure will not count toward fulfillment of the training requirements. No temporary license will be granted until a signed plan is submitted to the Board.

Hearing Aid Dispenser Trainee Information

Name: _____

Home Address: _____

Phone Number: _____

Hearing Aid Dispenser Supervisor Information

Name: _____

License Number: _____

Training Setting Information

Facility: _____

Address: _____

Expected Supervisory Period: ____/____/____ to ____/____/____

The following subjects must be covered in the timeframes indicated:

::Months 1 and 2::

1. Otoloscopic examination (e.g. importance of landmarks, visualization of tympanic membrane, cerumen, exotoses, etc.)
2. Hearing screenings, loudness discomfort measurements, speech thresholds and discrimination, air and bone conduction pure tone assessment and date recording
3. Routine instrument sterilization and universal precautions
4. Case history
5. 8 Warning Signs Indicating the Need for Medical Attention
 - Visible congenital or traumatic deformity of the ear
 - History of active drainage from the ear within the previous 90 days
 - History of sudden or rapidly progressive hearing loss within the previous 90 days
 - Acute or chronic dizziness
 - Unilateral hearing loss of sudden or recent onset within the previous 90 days
 - Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (hz), 1,000 hz, and 2,000 hz
 - Visible evidence of significant cerumen accumulation for a foreign body in the ear canal.
 - Pain or discomfort in the ear

::Months 3 and 4::

1. Basic hearing aid maintenance (e.g. replacing battery doors, cleaning mics and receivers, adjusting battery contacts, etc.)
2. Ear mold impressions techniques (e.g. visual inspection, otoblock use, syringing technique, etc.)
3. Counseling techniques (e.g. explaining results to clients, making appropriate recommendations, medical referral indicators, etc.)
4. Demonstrate understanding of hearing aid manufactures specifications
5. Electroacoustic analysis of hearing aids

:: Months 5 and 6 ::

1. Biologic and electroacoustic assessment of the audiometer
2. Real ear measurement (if employer has this capability)
3. Assist in fitting hearing aids

State of _____)

County of _____)

Trainee's Affidavit

Being sworn and under oath, I, _____, acknowledge that I have read, understand, and agree to complete all training requirements listed above. I have verified that my supervisor holds a current Delaware Hearing Aid Dispenser license. I agree to abide by the Code of Ethics listed in the Board's regulations.

Trainee's Signature: _____

Date: _____

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public

SEAL

Commission Expires

State of _____)

County of _____)

Supervisor's Affidavit

Being sworn and under oath, I, _____, verify that I currently hold an active Delaware Hearing Aid Dispenser's license and expect to at all times during the course of my supervision of the above-named trainee. I agree to conduct a formal evaluation of the trainee's progress and performance after each of the three two-month periods. I agree to submit proof of the above-named trainee's completion of all training requirements by submitting a completed Supervisor's Report to the Board office at the end of the training period.

Supervisor's Signature: _____

Date: _____

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public

SEAL

Commission Expires